Print

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

PARTICIPATION IN FOOD PROGRAMS - BY RACE

FNS Instruction 113-1

1. STATE/ITO:	2. PROGRAM: ("X" one only)	3A. NAME OF PROJECT AREA:	3B. PROJECT AREA CODE:
	☐ SNAP ☐ FDPIR		

4. NAME & ADDRESS OF REPORTING AGENCY:	5. REPORTING YEAR:
	JULY _____

		COLUMN A TOTAL NUMBER OF HOUSEHOLD CONTACTS BY RACE	COLUMN B NUMBER OF HISPANIC OR LATINO HOUSEHOLD CONTACTS REPORTED IN COLUMN A BY RACE
HOUSEHOLD CONTACTS WHO MARKED ONLY ONE RACE	6. AMERICAN INDIAN OR ALASKA NATIVE		
	7. ASIAN		
	8. BLACK OR AFRICAN AMERICAN		
	9. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
	10. WHITE		
HOUSEHOLD CONTACTS WHO MARKED TWO RACES	11. AMERICAN INDIAN OR ALASKA NATIVE AND WHITE		
	12. ASIAN AND WHITE		
	13. BLACK OR AFRICAN AMERICAN AND WHITE		
	14. AMERICAN INDIAN OR ALASKA NATIVE AND BLACK OR AFRICAN AMERICAN		
	15. BALANCE REPORTING MORE THAN ONE RACE		
	16. TOTAL (ADD ITEMS 6 THRU 15)		

17. REMARKS:

DATE:	TITLE:	SIGNATURE:

FORM FNS-101 (12-08) Previous Editions Are Obsolete

Electronic Form Version Designed in Adobe 8.1 Version

No further monies or other benefits may be paid out under these programs unless this report is completed and filed in accordance with Title VI of the Civil Rights Act of 1964 and USDA implementing regulations.

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This report will be prepared annually covering the month of July.

REPORTING UNITS - Must submit the data to the State agency by the due date established by the State.

STATE AGENCIES AND INDIAN TRIBAL ORGANIZATIONS (ITOs) - Must determine that the data has been received from all reporting units. The data must be submitted to the appropriate FNS Regional Office by the 19th of September.

FNS REGIONAL OFFICES - Must determine that the data has been received from all State agencies, ITO's, and reporting units. The FNS Regional Office must ensure that all data is posted into the Food Programs Reporting System database by the 20th of November.

Items 1-5 and 17. Self-explanatory.

Items 6-16. Report for each racial group the number of households contacts that participated (received program benefits or commodities) during July. A household contact is the person who completes the application or is interviewed. Report only one household contact per participating household. For purposes of this form, "Hispanic or Latino" is an ethnic group, not a race. In Column A, report the total number of household contacts by race, including individuals of Hispanic or Latino origin. In Column B, report only household contacts of Hispanic or Latino origin by race. The form is requesting separate counts for household contacts who chose only one race and those who chose more than one race.

For item 15, report the total number of household contacts who chose racial combinations that are not included in items 11 through 14.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0025. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.